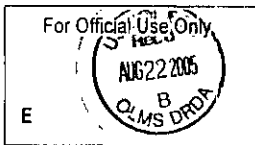


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>8364</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Robert</u> <u>Boskovich</u> P.O. Box, Bldg., Room No., if any <u></u> Street <u>7720 Industrial Dr.</u> City <u>Forest Park</u> State <u>IL</u> ZIP Code + 4 <u>60130</u>	4. Name, file number, and address of labor organization. Name <u>Iron Workers Local #1</u> Labor Organization File Number <u>027-977</u> P.O. Box, Building and Room Number, if any <u></u> Street <u>7720 Industrial Dr.</u> City <u>Forest Park</u> State <u>IL</u> ZIP Code + 4 <u>60130</u>
5. Position in labor organization. <u>President/BM</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u></u> Trade Name, if any: <u></u> P.O. Box, Bldg., Room No., if any <u></u> Street <u></u> City <u></u> State <u></u> ZIP Code + 4 <u></u>	7.a. Nature of Interest, Transaction, or Income. <u></u> 7.b. Amount. <u></u>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed Robert Boskovich

On 8-10-05
Date

708-366-6699
Telephone Number

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **Iron Workers Local #1 Pension**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **7700 W. Industrial Dr.**City **Forest Park**State **IL** ZIP Code + 4 **60130**

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

Related Trust Fund

11.b. Approximate dollar value of such dealing.

N/A

12.a. Nature of interest held or income received.

Reimbursement from Trust Fund for department of labor and ERISA required educational conference for food travel and lodging on the exercise of my fiduciary responsibility; lost wages and attendance at trustee meetings.

12.b. Amount.

\$8,973.32

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

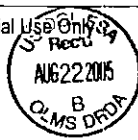
14.b. Amount of payment.

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

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E

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>8364</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Robert</u> <u>Boskovich</u> P.O. Box, Bldg., Room No., if any Street <u>7720 Industrial Dr.</u> City <u>Forest Park</u> State <u>IL</u> ZIP Code + 4 <u>60130</u>	4. Name, file number, and address of labor organization. Name <u>Iron Workers Local #1</u> Labor Organization File Number <u>027-977</u> P.O. Box, Building and Room Number, if any Street <u>7720 Industrial Dr.</u> City <u>Forest Park</u> State <u>IL</u> ZIP Code + 4 <u>60130</u>
5. Position in labor organization. <u>President/BM</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Robert Boskovich

On

8-10-05
Date

708-366-6699
Telephone Number

Name of Person Filing	File Number U-
-----------------------	----------------

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **Fiduciary Management Associates**
Trade Name, if any:
P.O. Box, Bldg., Room No., if any:
Street **55 W. Monroe, #2550**
City **Chicago**
State **IL** ZIP Code + 4 **60603**

9. Business deals with:

- ☐ a. Labor Organization
☒ b. Trust
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name **Iron Workers Local #1 Pension**
Trade Name, if any:
P.O. Box, Bldg., Room No., if any:
Street **7700 W. Industrial Dr.**
City **Forest Park**
State **IL** ZIP Code + 4 **60130**

11.a. Nature of such dealing.

Investment Manager.

11.b. Approximate dollar value of such dealing.

\$91,556.03

12.a. Nature of interest held or income received.

Social activities.

12.b. Amount.

\$883.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name
Trade Name, if any:
P.O. Box, Bldg., Room No., if any:
Street
City
State
ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

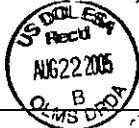
14.b. Amount of payment.

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>18364</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Robert</u> <u>Boskovich</u> P.O. Box, Bldg., Room No., if any <u></u> Street <u>7720 Industrial Dr.</u> City <u>Forest Park</u> State <u>IL</u> ZIP Code + 4 <u>60130</u>	4. Name, file number, and address of labor organization. Name <u>Iron Workers Local #1</u> Labor Organization File Number <u>027-977</u> P.O. Box, Building and Room Number, if any <u></u> Street <u>7720 Industrial Dr.</u> City <u>Forest Park</u> State <u>IL</u> ZIP Code + 4 <u>60130</u>
5. Position in labor organization. <u>President/BM</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u></u> Trade Name, if any: <u></u> P.O. Box, Bldg., Room No., if any <u></u> Street <u></u> City <u></u> State <u></u> ZIP Code + 4 <u></u>	7.a. Nature of Interest, Transaction, or Income. <u></u> 7.b. Amount. <u></u>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Robert Boskovich

On

8-10-05

Date

708-366-6699

Telephone Number

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

\$133.69

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

14.b. Amount of payment.

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

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1. File Number U - <u>8364</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>ROBERT</u> <u>BOSKOVICH</u> P.O. Box, Bldg., Room No., if any _____ Street <u>7720 W. INDUSTRIAL DR.</u> City <u>FOREST PARK</u> State <u>IL</u> ZIP Code + 4 <u>60130</u>	4. Name, file number, and address of labor organization. Name <u>IRON WORKERS LOCAL #1</u> Labor Organization File Number <u>027-977</u> P.O. Box, Building and Room Number, if any _____ Street <u>7720 W. INDUSTRIAL Dr.</u> City <u>FOREST PARK</u> State <u>IL</u> ZIP Code + 4 <u>60130</u>
5. Position in labor organization. <u>PRESIDENT/BM</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. _____ 7.b. Amount. _____

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Robert Boskovich

On

8-10-05
Date

708-366-6699
Telephone Number

Name of Person Filing

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **The Segal Company**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **101 N. Wacker Dr. Suite 500**City **Chicago**State **IL**ZIP Code + 4 **60606**

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name **Iron Workers Local #1 Welfare Fund**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **7700 W. Industrial Dr.**City **Forest Park**State **IL**ZIP Code + 4 **60130**

11.a. Nature of such dealing.

Accutarial Consultants.

11.b. Approximate dollar value of such dealing.

\$82,065.00

12.a. Nature of interest held or income received.

Business luncheons.

12.b. Amount.

\$164.64

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐or Consultant ☐ ?

14.b. Amount of payment.

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

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E



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>8364</u>	2. Fiscal Year Covered From: <u>7</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Robert</u> <u>Boskovich</u> P.O. Box, Bldg., Room No., if any Street <u>7720 Industrial Dr.</u> City <u>Forest Park</u> State <u>IL</u> ZIP Code + 4 <u>50130</u>	4. Name, file number, and address of labor organization. Name <u>Iron Workers Local #1</u> Labor Organization File Number <u>027-977</u> P.O. Box, Building and Room Number, if any Street <u>7720 Industrial Dr.</u> City <u>Forest Park</u> State <u>IL</u> ZIP Code + 4 <u>60130</u>
5. Position in labor organization. <u>President/BM</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Robert Boskovich

On

8-10-05

Date

708-366-6699

Telephone Number

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **Bluecross Blueshield of Illinois**Trade Name, if any: P.O. Box, Bldg., Room No., if any Street **300 East Randolph Street**City **Chicago**State **IL** ZIP Code + 4 **60601**

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name **Iron Workers Local #1 Welfare Fund**Trade Name, if any: P.O. Box, Bldg., Room No., if any Street **7700 W. Industrial Dr.**City **Forest Park**State **IL** ZIP Code + 4 **60130**

11.a. Nature of such dealing.

Provide PPO network access.

11.b. Approximate dollar value of such dealing.

\$1,365,189.00

12.a. Nature of interest held or income received.

Social activities.

12.b. Amount.

\$63.78

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4

14.a. Nature of payment.

14.b. Amount of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?